

OFFICE OF THE FEDERAL DEFENDER

EASTERN DISTRICT OF CALIFORNIA

801 I STREET, 3rd Floor

SACRAMENTO, CALIFORNIA 95814

(916) 498-5700 Fax: (916) 498-5710

*Dennis S. Waks
Acting Federal Defender*

*Daniel J. Broderick
Chief Assistant Defender*

January 18, 2006

Mark Reichel
Attorney at Law
655 University Ave. #215
Sacramento, Ca. 95825

Re: **United States v. Jesus Vasquez**
Cr.S-04-280-FCD

FILED

JAN 19 2006

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____
DEPUTY CLERK

Dear Mr. Reichel:

This will confirm your appointment by the Honorable Frank C. Damrell, U.S. District Judge, to represent the above-name defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is a CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



LUPE HERNANDEZ
Operations Administrator

:lh
Enclosures

cc: ✓ Clerks Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Vasquez, Jesus		VOUCHER NUMBER Case 2:04-cr-00280-KJM Document 50 Filed 01/19/06 Page 2 of 2																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:04-000280-001		5. APPEALS DKT./DEF. NUMBER																																																																																																													
7. IN CASE/MATTER OF (Case Name) U.S. v. Vasquez		8. PAYMENT CATEGORY Felony		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Reichel, Mark J. 655 University Avenue Suite 215 Sacramento CA 95825 Telephone Number: (916) 548-7398			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 1/19/06 _____ Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:10%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:						16. a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:						17. Travel Expenses (lodging, parking, meals, mileage, etc.)						18. Other Expenses (other than expert, transcripts, etc.)					
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																												
15. a. Arraignment and/or Plea																																																																																																																	
b. Bail and Detention Hearings																																																																																																																	
c. Motion Hearings																																																																																																																	
d. Trial																																																																																																																	
e. Sentencing Hearings																																																																																																																	
f. Revocation Hearings																																																																																																																	
g. Appeals Court																																																																																																																	
h. Other (Specify on additional sheets)																																																																																																																	
(Rate per hour = \$ 90) TOTALS:																																																																																																																	
16. a. Interviews and Conferences																																																																																																																	
b. Obtaining and reviewing records																																																																																																																	
c. Legal research and brief writing																																																																																																																	
d. Travel time																																																																																																																	
e. Investigative and Other work (Specify on additional sheets)																																																																																																																	
(Rate per hour = \$ 90) TOTALS:																																																																																																																	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																	
18. Other Expenses (other than expert, transcripts, etc.)																																																																																																																	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APFR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </table>						23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APFR / CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APFR / CERT																																																																																																													
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																																													
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																																																																													
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																													